PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 29, 1999

Application or Docket Number
09/670536

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	9 minus 20=	*
INDEPENDENT CLAIMS	2 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR **OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
	345.00	OR		690.00
X$ 9=		OR	X$18=	—
X39=		OR	X78=	78
+130=		OR	+260=	—
TOTAL		OR	TOTAL	768

CLAIMS AS AMENDED - PART II

SMALL ENTITY OR **OTHER THAN SMALL ENTITY**

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE
(CALCULATION SHEET)

APPLICATION NUMBER: 09/670536

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	Total
	Sm. Ent.				Sm. Entity	Lg. Entity	
Basic Filing Fee						690.	
Total Claims > 20		9		x		78.	
Independent Claims > 3		4 - 1					
Multiple Dep. Claim Present						130.	
Surcharge							
English Translation							

TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = $ 898.00

Less Filing Fees Submitted = $ 0

BALANCE DUE = $ 898.00

Office of Initial Patent Examination

Figure 7

FORM OIPE-PAM-01 (Rev. 12/97)